

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5223 (Rev. 6-84) ANSC 7059	<h2 style="margin: 0;">SHORT-TERM RESIDENT TRAINING REQUEST</h2> <p style="margin: 5px 0 0 0;"><i>(Information on this form are Privacy Act Protected, 5USC 522(a))</i></p> <p style="margin: 0;">(When filling in items 1. thru 22. NOTE (M) MANDATORY or (O) OPTIONAL</p>					1. DATE (M)					
	(When filling in items 1. thru 22. NOTE (M) MANDATORY or (O) OPTIONAL					2. REQUEST STATUS <i>(Check one)</i>					
						A. (M) INITIAL	C. (M) CORRECTED				
						B. RESUB- MISSION (M)	D. CANCEL- LATION (M)				
3. SOC. SECURITY NO. (M)	4. NAME <i>(Last, Initials)</i> (M)			5. RANK/RATE (M) CIV/AUX		6. ROTATION DATE <i>(Estimate)</i> (M) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YEAR</td> <td style="width: 50%; border: none;">MONTH</td> </tr> </table>			YEAR	MONTH	
YEAR	MONTH										
7. COURSE TITLE/NUMBER (M)			8. FLOTILLA(M)			9. MEMBER NUMBER (M)					
			10. POINT OF CONTACT <i>(FSO-MT name)</i> (M)			11.FSO-MT TELEPHONE NUMBER (M) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">AREA CODE</td> <td style="width: 33%; border: none;">NUMBER</td> <td style="width: 33%; border: none;">EXT</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>			AREA CODE	NUMBER	EXT
AREA CODE	NUMBER	EXT									
12. TRAINING SOURCE/LOCATION (M)			14. BILLING ADDRESS <i>(When applicable)</i> (O)			15. PRIORITY <i>(Code)</i> (M)					
13. TUITION AND FEES <i>(When applicable)</i> (O)			16. COURSE DURATION (M) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">WEEKS</td> <td style="width: 50%; border: none;">DAYS</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>			WEEKS	DAYS				
						WEEKS	DAYS				
17. COURSE CONVENING PREFERENCE (M)											
A. FIRST CHOICE (M)			B. SECOND CHOICE (M)			C. THIRD CHOICE (M)					
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY			
18. STAFF OFFICER POSITIONS HELD (M)			19. MEETS COURSE PREREQUISITES (M) <i>(e.g. Prior courses/rate)</i> <i>(Check applicable box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			20. LENGTH OF AUXILIARY SVC (YRS) (M)					
21. TRAINING NEEDS ANALYSIS (M)											
A. NO. PERSONNEL UNIT (M) REQUIRED TRAINED IN COURSE			B. NO. PERSONNEL WITH TRAINING O/B (M)			C. NO. PERSONNEL "ORDERED IN" WITH TRAINING (M)		D. NO. PERSONNEL "ORDERED OUT" WITH TRAINING (M)			
22. SUPPORTING REMARKS AND COURSE DESCRIPTION <i>(Attach course literature; for commercial sources).</i> (O)											
23. FIRST ENDORSEMENT FORWARDED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(Remarks required)</i>			A. FLOTILLA				B. DATE				
			C. REMARKS								
			D. TITLE				E. SIGNATURE				
24. SECOND ENDORSEMENT FORWARDED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(Remarks required)</i>			A. DIST/UNIT/DIRAUX				B. DATE				
			C. REMARKS								
			D. TITLE				E. SIGNATURE				
25. QUOTA STATUS <i>(Action office use only)</i>											
A. QUOTA REQUIRED			B. QUOTA REQUESTED			C. QUOTA GRANTED		REASON NOT GRANTED			
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO					

Auxiliary Applicant Short Term Resident Training Request (CG-5223)

- Block 1 Enter date request prepared.
- Block 2 Check appropriate request status box.
- Block 3 Utilize Social Security Numbers; Privacy Act statement applies.
- Block 4 Complete as indicated; request must specify a specific person, not office held.
- Block 5 Pre-filled in.
- Block 6 Not applicable.
- Block 7 Provide course title number: example AUX-01 Career Counselor School.
- Block 8 Enter unit title as listed in AUXMIS: example Flotilla Oklahoma City, OK.
- Block 9 Enter Auxiliary member number: example 054-21-01-001
- Block 10 Enter name of staff office position of individual to contact for follow up. Typically, this is the FSO-MT.
- Block 11 Insert telephone number with area code for FSO-MT listed in Block 10.
- Block 12 Enter command location where training is desired.
- Block 13 Not applicable.
- Block 14 Not applicable.
- Block 15 Use priority codes 1, 2, or 3 as defined below.
1. Essential to mission accomplishment or program objectives (example: All CC officers are priority 1 for AUX-01 training).
 2. Directly relates to mission accomplishment or program objectives and should result in improved performance (example: members who assist in AIM candidate selection, but are not appointed officers).
 3. Indirectly relates to mission accomplishment.
- Block 16 List duration of course.
- Block 17 Complete choice as indicated. List any amplifying remarks regarding preference in Block 22.
- Block 18 List all current staff officer positions held.
- Block 19 Complete as indicated.
- Block 20 Length of Auxiliary service (# of years).
- Block 21 Not applicable.
- Block 22 This block should be used to provide any pertinent information affecting the training request, for example, if early notification (greater than 4 to 6 weeks before convening) is essential, provide reason. Auxiliarist must provide mailing address for orders, additional telephone numbers for notification. Email address is optional, but strongly encouraged, ***except in the case of _____ courses, where an e-mail address is required!*** Indicate any physical disabilities that may require special equipment or special dietary considerations. Due to command policy there are no cohabitation berthing facilities. Indicate gender (male/female) for berthing purposes at training centers.
- Block 23 For command endorsement block, Flotilla Commander should sign and forward applicable forms to the Director of Auxiliary by mail or fax.
- Block 24 Not applicable.
- Block 25 Not applicable.